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## \*BIBDATASHEET\*

CONFIRMATION NO. 7018

Bib Data Sheet

SERIAL NUMBER 10/601,106	FILING DATE 06/20/2003  RULE	CLASS 015	GROUP ART UNIT 1744	ATTORNEY DOCKET NO. IR 7120-00
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* NONE

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/04/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 6	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>MJ</i>	Initials <i>MS</i>		

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## TITLE

Toothbrush with tongue cleaning member

FILING FEE  RECEIVED 1300	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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